



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 NOVEMBER 2023

SUBJECT: ADULT AND OLDER ADULT MENTAL HEALTH MEDICAL WORKFORCE

BY: INTERIM INTEGRATED SERVICE MANAGER, MENTAL HEALTH & SUBSTANCE MISUSE

1. REASON FOR REPORT

1.1 To inform the Board of progress and expectations for the Adult and Older Adult Mental Health Medical team and to seek approval on a proposal to solve a long standing issue of vacancies in the team.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

- i) note the content of the report; and**
- ii) approve that the funding is utilised differently and that we employ Specialty Doctors on the Certificate of Eligibility for Specialist Registration (CESR) program.**

3. BACKGROUND

3.1 For a number of years there has been difficulty in recruiting to Consultant posts within both the older adult and adult mental health service. This is due to a national shortage of suitably qualified staff. Numerous rounds of advertising have proven to be unsuccessful.

3.2 Medical workforce and recruitment are issues that are not unique to NHS Grampian. There are several complex national and political factors that have influenced this in recent times and although all of us have faced the impact of this, it is particularly deeply felt in the more remote and rural areas of Scotland. Health care services in Scotland are being increasingly forced to be dependent on a temporary agency workforce which further affects clinical, professional and financial governance. The priority for the mental health service is the continuation of high quality, safe and affordable patient care, therefore options are being explored as to how we can continue to deliver this without the use of expensive locum staff.

- 3.3 The Mental Health Service is funded for 10.6 whole time equivalent (WTE) Consultant staff. Based on ten sessions each per week, this equates to 106 sessions. This covers Adult Mental Health, Older Adult Mental Health and the Substance Misuse Service. The Royal College of Psychiatrists' recommendation is, based on population, Moray should have two Consultant Psychiatrists for its inpatient service within both the older adult and adult mental health service. The Moray medical model is an inpatient/outpatient model, therefore Consultants cover both inpatient and outpatient work which would indicate three Consultants to each specialty.
- 3.4 Currently the service has six substantive Consultants, with one due to retire in February 2024. One Consultant is part time, therefore out of 106 sessions, 58 are covered. This leaves 48 sessions uncovered, which equates to 4.8 WTE Consultants. The service currently has two Locum Consultants covering 12 sessions each which still leaves 24 sessions uncovered. The remaining Consultants are covering some of these sessions which is leading to fatigue, with increased instances of sick leave. The service is seeing increased patient acuity with around 46% of patients being detained under the mental health act, and there are larger caseloads in the catchment area (caused by increased house building in the area) which creates extra demand on services. Patients are presenting with complex mental illness, with some having never presented to the secondary care service before.
- 3.5 The service is challenged with the geographical nature of Moray. It has proven challenging to retain trainees in the area and even more challenging to attract new people to come and work in Moray. The majority of the workforce have ties to the area and have either come back or have lived here all their life.
- 3.6 Locums are a valuable part of the service, however they are an expensive resource. From 1 April 2022 – 31 March 2023 the service spent £705,058 on locums. From 1 April 2023 – 30 September 2023 (6 months) the service spent £358,606 on locums. The nature of the locum appointment and the recruitment challenges mean that the locums become a long term commitment. This is unsustainable for a number of reasons, including financially, but also for continuity of patient care.
- 3.7 To try and mitigate these challenges the service has explored more permanent and sustainable options, such as a nurse led service, however this will take time to develop. The service is also reviewing catchment areas with a view to ensuring equity amongst Consultants. Caseload management is ongoing to ensure patients are not on lists when they do not need to be.
- 3.8 The service is committed to reducing the use of locums. One option is the Certificate of Equivalence for Specialist Registration (CESR). This is an alternative route for Doctors, both internationally and UK resident to gain a route to development into a Consultant post.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Mental Health Service are looking to appoint two CESR fellows, one to the older adult mental health service and one to the adult mental health service. These posts are open to International applicants who wish to come to the UK to

develop into a Consultant post. CESR fellows are allocated a mentor from the Substantive Consultants and are developed into working at a Consultant level.

- 4.2 The CESR program is a three year development program where at conclusion the member of staff should have collated enough evidence to present, and be awarded, the Certificate of Eligibility to the Specialist Register and thus be able to secure a Consultant post. CESR fellows are a less expensive resource for the Health and Social Care Partnership. There is a risk that after the three year program the Consultant could leave, but that is true for any post.
- 4.3 In 2021, the Grampian Mental Health and Learning Disability Service launched the first ever sponsored CESR Fellowship programme in Scotland. There are two intakes per year, one that commences in January and one in August. The application process is rigorous and competitive. A portfolio should be submitted for every applicant which should be the presentation of at least 10 anonymised case histories in a combination of new outpatient assessment letters, tribunal reports, medico legal reports, discharge letters, Care Program Assessment (CPA) reports and urgent assessments. Primary evidence is the backbone, and often central deciding point of a CESR application. Good clinical letters and reports are key in a CESR application and the recording skills of the doctor need to be assessed carefully before admitting them to a CESR fellowship scheme. In addition, an application should include a detailed CV. The doctors also need to convince the interview panel that they are committed to a CESR application and the reasons for choosing this route. They need to demonstrate both some understanding of CESR, have some knowledge of application requirements and motivation to work towards CESR through the portfolio they present.
- 4.4 As senior international specialists, these doctors are keen to work in the U.K. and gain specialist registration. The sponsored route provides access to General Medical Council (GMC) registration and work visa sponsorship. The entire application process can be completed from their home country so they arrive in Scotland with the security of employment. They also benefit from local Grampian-based training that provides a bespoke CESR orientated programme of support and mentoring. They are also able to draw support from the Scottish Deanery and access a variety of resources for their professional development.
- 4.5 The CESR Fellows bring rich cultural diversity and expertise in psychiatry to local teams. The process for international recruitment is fiercely competitive and the candidates already have excellent skills in communication, knowledge and experience within the field. With the right intensive onboarding and support, these doctors will become an asset to our services. As the CESR application requires evidencing of expertise at a 'near consultant' level, the CESR Fellows will be proactive in gaining not only clinical expertise but also engaging with non-clinical activities including teaching, research, quality and governance activities. This will provide a chance to support the service in many ways whilst keeping a clear supervisory structure for professional assurance. It is hoped that most CESR Fellows will complete a successful application for CESR within the 3 years of the Fellowship and some may choose to additionally pursue the Member of the Royal College of Psychiatry (MRCPsych) examinations.
- 4.6 Locum Consultants hourly rates can fluctuate depending on which agency the locum is recruited from. The rates can be upwards of £99 per hour. CESR fellows are paid as Specialty Doctors which attract a rate of £43.78 per hour.

- 4.7 CESR fellows are paid as a Specialty Doctor despite covering work of a Consultant, including on-call commitments. The starting salary for an NHS Consultant is £91,474 based on a 40 hour per week contract. Salary for a locum depends on the hourly rate, however taking £99 per hour on a 40 hour per week contract would mean a yearly salary of £190,080 (minus tax, national insurance and agency costs).
- 4.8 Specialty Doctor starting salary is £40,995, which is a saving of £50,479. The service is looking to appoint to two CESR fellow posts at a cost of £81,990. Should this be approved, the service will cease the use of the two locum Consultants three months post recruitment of the CESR fellows. This would give sufficient time for the induction of the Speciality Doctors.

5. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The approach set out in this report is consistent with the MIJB Strategic Plan.

(b) Policy and Legal

There are no implications for policy or legal.

(c) Financial implications

There are positive financial implications if the proposal is agreed, with the potential for a more stable staff group and patient continuity.

(d) Risk Implications and Mitigation

The priority is continuation of the service for patients in the adult and older adult mental health service. This model would support the delivery of the right care at the right time by the right people. This model would bring consistency to the medical team as the nature of locum staff mean they can leave their post without giving any notice.

(e) Staffing Implications

There are staffing implications as the CESR fellows would need a substantive Consultant to mentor them through the program.

(f) Property

There are no implications on property provision.

(g) Equalities/Socio Economic Impact

None arising directly from this report.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

None arising from this report.

(j) Consultations

Simon Bokor-Ingram, Chief Officer, HSCM

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Dr Bruce Davidson, Clinical Lead, Moray Mental Health and Substance
Misuse
Lynne Clark, Business Manager, Moray Mental Health Team
Isla Whyte, Interim Support Manager, HSCM
Caroline O'Connor, Committee Services Officer, Moray Council

Have all been consulted and their comments have been incorporated
into this report where appropriate.

6. CONCLUSION

- 6.1 The MIJB are recommended to approve the proposal in this report and agree that the short term 3 month cost of induction for Speciality Doctors is more efficient than not proceeding with this initiative.**

Author of Report: Interim Integrated Service Manager, Mental Health &
Substance Misuse Service.

Background Papers: <https://www.rcpsych.ac.uk/news-and-features/blogs/detail/rcpsych-in-scotland-blog/2022/11/25/cesr-fellowship-in-psychiatry-first-for-scotland>

[Guidance for CESR Fellowships \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/guidance-for-cesr-fellowships)